758 743 government scale in 1965 was $1000-$1800, per annum. The orderlies assisting the AMO received $1 per month. This did not necessarily mean that the AMO lacked the qualifications to get a government job; he could easily have obtained one.

Every day some dozens of people would present themselves with minor and sometimes major ailments. They would be bandaged, given a pill or some other simple treatment. Very sick cases were referred to the hospital; most days, a car would come to the mission station and the AMO could get transport for his patients. The beds were occupied for the more serious cases who could not well go home but who did not need the more specialised treatment of Saiho. The nursing aid never stayed in the hospital overnight but one or two relatives of the patient usually did; if the patient's condition deteriorated, the AMO could always be called over as he lived on the mission station. (See Map XI.)A

743 Inonda was served by one of the medical aid posts which are being built all over the district. This was at Hohota, next to the [344] mission school. Such aid posts are built of milled timber and paid for by the Ngaturu Council; the government may subsidize these posts. The salary of the aid post orderlies, who work on a part time basis, is paid by the Council also, but in 1966, the government paid a 50% subsidy on these. Most of the large resettlement villages (Hohorita, Koipa, Kiorota, etc.) had them, or were getting them, three posts being added in the year 1966. The smaller villages had to share aid posts; thus, there were no plans to build one at Inonda, and people were expected to walk the three miles to Hohota for treatment.

758 743 The standard of aid was not always as high at these posts as it was in Sasembata. Hohorita had much trouble replacing an orderly who had left. Inonda found it difficult to get service; on one occasion when we went to the aid post, we heard, upon arrival that the orderly had just gone to town for the day. On another occasion, he was in his house; he had been hunting, was tired and would not see anybody. This would have been a rare occurrence indeed at Sasembata. The orderlies regarded themselves as part-time employees who chose their own working hours. This would have been reasonable (for average cases) were it not for the distance between Inonda and Hohota. How often will a man walk six miles to collect a single malaria pill? A more serious problem is that the orderlies are not nearly as well trained as the AMO; hence, they can hardly be expected to carry out diagnosis.

● 755 People were greatly taken with the medical services available; they were not a replacement but an addition to traditional magical practises. When my interpreter was sick he was very pleased to swallow the pills I gave him, but his house was full nonetheless with numerous herbs collected for his complaint and these were being boiled in a pot or otherwise ingested simultaneously with my medicine. The Orokaiva view is that medicine, given for the purpose of curing, will be effective if it is stronger than the sorcerer causing the illness. It has been noticed that this is sometimes the case with Western

A [See Cat. 116, p. End Map 10--Analyst]

755 medicine, though by no means always. Bandages were especially popular; they were worn as status symbols and as dancing ornaments. Nurses and
752 physicians are regarded with affection; any person who obviously wants to be helpful would be treated thus, and it has of course been noticed
554 that they relieve a great deal of discomfort even though Western theories of the causation of disease are treated sceptically and mostly
753 explained away because the nurses and physicians usually do not understand the fine points of sorcery; only the Orokaiva have this knowledge.

Data on the eruption period do not suggest that the attitude
731 to medicine was different then to what it is today. There were,
743 however, fewer facilities: the hospitals were smaller, there was less available transport to reach them with, the chain of aid posts built by the Higaturu Council did not yet exist, so that outside the government hospital, the only facilities were the mission stations.

744 The evacuation camps provided a good opportunity to put a public health programme into operation, and this opportunity was taken. No regular anti-malarial preventive treatment was given because this clearly could not have been continued after the camps were closed--and it was feared that anti-malarials might lower natural resistance. On the other hand, everyone at Ilimo was given prophylactic treatment against hookworm. Unfortunately, this medicine had the effect of "making people feel a little drunk." One man, the sole male survivor of a large family killed during the eruption, went berserk through the medicine and caused a near riot. Mr. Kaad then abandoned his campaign against hookworm at Ilimo, reviving it later, in the Saiho period. Prophylactic treatment against hookworm has not been continued because reinfection constantly occurs. The camps provided a practical object lesson on the Western ideas of treating waste matters, sanitation and water supplies, a lesson which no doubt bore fruit some years later, when the Higaturu Council had money and an ideological base for bringing about such innovations. Finally, the introduction of sweet potatoes
[242] at Ilimo, by means of distribution of sample tubers and seeds and the
[146] teaching of methods of cultivation, had a definite public health objective: it was done because the yellow and red varieties of sweet potato are particularly rich in vitamins in which Orokaiva diet is supposed to be often deficient. Today, some of this sweet potato is grown in Sivepa, though on a small scale, while plantings in Inonda are somewhat more extensive. (The sweet potatoes resist drought better than taro.)

The most active public health programmes I saw in 1966-67 were directed at: malaria control, infant health, village hygiene. The key figure in public health improvement at Sivepa was the health inspector employed by the Higaturu Coincil. This man was expected to cover the whole of the Council area, and spent much of his time touring villages. As his home was at Garombi and he had many relatives in Sivepa, he made frequent visits. Sivepa caused him little trouble, he told me, as waste matter was thrown into deep holes, everyone had a lavatory and the place was kept clean in the prescribed way. On